

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3359 / 3813

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**THOMAS EISER**

Mailing Address 2706 CHISHOLM OAKS LOOP

City	State	Zip Code
DUNCAN	OK	73533-1592

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DUNCAN HOSPITAL

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.324543**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**B. Full Name (Last, First, Middle Initial)**

**MR. DAVID S. ELDREDGE**

Mailing Address 119 FORSYTHE LANE

City	State	Zip Code
PALM COAST	FL	32137-8446

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.332537**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**MARTY ELLISON**

Mailing Address 853 - 97TH AVE SE

City	State	Zip Code
BELLEVUE	WA	98004-6752

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.323846**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....